FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90194 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052576

1. Entity Name
TIFFANY J. LANIER, P.A.

Principal Place of Business	Mailing Address
1300 N. FLORIDA MANGO RD #18 WEST PALM BEACH, FL 33409	1300 N. FLORIDA MANGO RD #18 WEST PALM BEACH, FL 33409

2. Principal Place of Business		3. Mailing Address	
3020 High Ridge Rd		PO Box 244764	
Suite, Apt. #, etc. 555		Suite, Apt. #, etc.	
City & State: Boynton Beach		City & State: Boynton Beach FL	
Zip: 33426	Country: USA	Zip: 33424	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1017049 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANIER, TIFFANY J
1300 N FLORIDA MANGO RD #18
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name: Tiffany J Lanier
Street Address (P.O. Box Number is Not Acceptable): 3020 High Ridge Rd Suite 555
City: Boynton Beach FL Zip Code: 33426

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Tiffany J Lanier DATE: 4/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	LANIER, TIFFANY J	
STREET ADDRESS	1300 N FLORIDA MANGO RD #18	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director, President	☑ Change	☐ Addition
NAME	Tiffany J Lanier		
STREET ADDRESS	3020 High Ridge Rd Suite 555		
CITY-ST-ZIP	Boynton Beach FL 33426		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/15/03 561 301 8913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #